## **POLK COUNTY AVIATION AUTHORITY**

## **Hangar Lease Application**

Name of Applicant:	Date of Birth:	
Social Security Number:	Driver's License No.	
Current Address:		
Home Telephone:	Work Telephone:	
Type of Aircraft:	Current Location:	
Make/Model:	Telephone of Current Location:	
Airplane Identification Number:		
Emergency Contact Information:		
In Case of Emergency, contact:	Telephone:	
Relationship:	Additional Telephone:	
References:		
Personal Reference_	Telephone:	
Personal Reference	Telephone:	
Additional Comments:		
To Polk County Aviation Authority:		
I (we) hereby apply to lease a hangar on the terms and conditions set forth, and I (we) warrant that all of the representations and information set fort in this application are true and complete and authorize you to verify this information. Any false statements on this application can lead to rejection of the application or immediate termination of the lease. I (we) hereby authorize you or any other agency employed by you to verify the information contained in this application, including my references, and to investigate any other statements or other data obtained from me or from any other person relating to my credit, financial responsibility or personal characteristics. I also authorize you to obtain a criminal background check.		
Upon your request, I agree to execute within seven (7) days of notification of an available hangar, a Hangar Lease in the form customarily used by you. I further agree to pay the first month's rent and any deposits required upon execution of the Lease. I understand that if I fail to execute the Hangar Lease timely, I forfeit my place on the waiting list and will need to reapply to be placed back on the list.		
It is understood that the final approval of this application will be the execution of the Lease by you.		
Applicant's signature:	Date:	
FOR INTERNAL USE ONLY:		
Lease term from to	a	t \$ per month
Hangar Address:	Application Approved:	
Lease mailed:	Lease returned:	